

<b>Case Number:</b>	CM13-0072487		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/09/1993
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of November 9, 1993. A utilization review determination dated December 4, 2013 recommends noncertification of a gym membership for 6 months with pool access. A progress report dated January 16, 2013 includes subjective complaints of knee pain rated as 4/10 and ankle pain rated as 5/10. Physical examination reveals antalgic gait as well as point tenderness around the knee and ankle. Diagnoses include arthritis in the knee, status post right knee TKA, obesity, sleep apnea, and lumbar and cervical disc herniation. The treatment plan recommends x-rays to the left ankle, surgical consultation, and a gym membership for 6 months. A progress report dated March 21, 2013 indicates that the patient has gained 20 pounds over the past year due to a lack of exercise. The treatment plan recommends a 24 hour fitness membership with 20 personal training sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **GYM MEMBERSHIP FOR 6 MONTHS WITH POOL ACCESS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Evidence citations for gym membership.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician would be overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.